DOL FORM 7



State of Vermont
Department of Labor
Workers' Compensation Division
National Life Building, Drawer 20
Montpelier, VT 05620-3401
(802) 828-2286

MEDICAL AUTHORIZATION

NOTE: The release of medical records relative to a workers' compensation claim filed pursuant to Title 21 of the Vermont Statutes is not governed by the terms and provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR 164.512(1).

TO:	
	(Physician or Hospital
This, or a photocopy, will authorize you to release to	
All medical records you may have relating to the treatm	(Insurance Company, Adjuster, or Employer) nent or diagnosis of my injury which occurred on or
about	, 20
	records of treatment rendered by you or your facility as
Name:	
Social Security Number:	Date of Birth:
Date	Signature